

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040367

Registration District No.

157

Primary Registration District No.

3028

Registrar's No.

207

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 22 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Carthage

Length of stay in lb
55 yrs

c. CITY OR TOWN Carthage

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION McCune-B rooks hospital

Inside Limits
No ☐

d. STREET ADDRESS (If outside, give location)
1117 Walnut St

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
EVERETT LEE NEATHERY

4. DATE OF DEATH
Month Day Year
October 13, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-24-1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired laborer

10b. KIND OF BUSINESS OR INDUSTRY
quarry & metal co

11. BIRTHPLACE (City and state or country)
Jasper County, Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James Neatherry

13b. MOTHER'S MAIDEN NAME

Elizabeth Humbard

14. NAME OF HUSBAND OR WIFE

Viola Mae Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Carthage, Mo

J.C. Neatherry, 1125 Walnut

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH
6 months

DUE TO (b) Arteriosclerotic heart disease

Years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic nephritis

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1953 to 10-13-63 and last saw him alive on 10/13/63
Death occurred at 2:55 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

M. D.

22b. ADDRESS

1515 Hazel, Carthage, Mo

22c. DATE SIGNED

10-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
10-16-63

23c. NAME OF CEMETERY OR CREMATORY
Sarcoxie Cemetery

23d. LOCATION (City, town, or county) (State)
Sarcoxie, Missouri

24. FUNERAL DIRECTOR

ADDRESS

KNELL MORTUARY Carthage, Mo

25. DATE RECD. BY LOCAL REG.

10-15-63

26. REGISTRAR'S SIGNATURE

Edw. Chittin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0497

2 0497

3

4 0

5 1

6

7 0

8

9 4/200

10

11

12 2-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.